

ART B—ISSUE FEE TRANSMITTAL

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SEP 8 4 2001
SC1109ZK

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

023330 MM91/0605
Motorola Inc
Intellectual Property Section
Corporate Law Department
Suite R3163 P O Box 10219
Scottsdale AZ 85271-0219

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I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Sally Hartway

(Depositor's name)

Sally Hartway (Signature)

August 24, 2001 (Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER/AND GROUP ART UNIT	DATE MAILED
09/627,029	07/27/00	029	NGO, N	2814 06/05/01
First Named Applicant	DANIELS,	35 USC 154(b) term ext.	=	0 Days.

TITLE OF INVENTION OPTICAL SEMICONDUCTOR COMPONENT AND METHOD OF MANUFACTURE

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
3 SC11109ZK	257-642.000	H20	UTILITY	NO	\$1240.00	09/05/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Patricia S. Goddard

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Motorola, Inc.

(B) RESIDENCE: (CITY & STATE OR COUNTRY) Schaumburg, IL

Please check the appropriate assignee category indicated below (will not be printed on the patent)

Individual corporation or other private group entity government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

Issue Fee
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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

William E. Koch REG NO 29,659

25 Aug 01

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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